



APPLICATION FOR SURVIVING SPOUSE BENEFITS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 52254 (Rev. 05-05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657

(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION

Name (Last, First, MI)		Social Security Number	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

PART B SURVIVING SPOUSE INFORMATION

Name (Last, First, MI)		Social Security Number	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Telephone Number	
Mailing Address	City	State	Zip Code + 4

PART C APPLICATION FOR SURVIVING SPOUSE BENEFITS

DEFINED BENEFIT PLAN	DEFINED CONTRIBUTION PLAN
RETIREMENT PAYMENT OPTION (Check One)	
<input type="checkbox"/> Lump Sum (Choose 1 Option) <input type="checkbox"/> Pay Direct to Spouse <input type="checkbox"/> Direct Rollover, Complete Part D	<input type="checkbox"/> Deferred Retirement: Date Beneficiary Benefits Begin ____/____/____
<input type="checkbox"/> Five-Year Payment (Choose 1 Option) <input type="checkbox"/> Pay Direct to Spouse <input type="checkbox"/> Direct Rollover, Complete Part D	<input type="checkbox"/> Lump Sum (Refund/Rollover) Date Beneficiary Benefits Begin ____/____/____
<input type="checkbox"/> Lifetime Payment	<input type="checkbox"/> Periodic/Monthly Payments Date Beneficiary Benefits Begin ____/____/____
A Fidelity Investments Distribution Form MUST be completed and submitted with this form.	

PART D APPLICATION FOR DIRECT ROLLOVER-DEFINED BENEFIT PLAN ONLY

1. <input type="checkbox"/> Check this box if you wish to have a direct rollover of your account.			
Please have a letter of acceptance forwarded to NDPERS from the financial institution. If any portion of your rollover includes non-taxable income, then the letter of acceptance is <u>required</u> before your request will be processed.			
Make check payable to (Financial Institution)		Surviving Spouse's Account Number with Financial Institution (If available)	
Mailing Address of Financial Institution	City	State	Zip Code + 4

Portion to be rolled over: (If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated financial institution and mail any non-taxable income directly to you.)
☐ All of my taxable income ☐ All of my taxable & non-taxable income ☐ ____% of my Account ☐ \$____ of my Account

My NDPERS benefits are being rolled into (choose one): ☐ A Defined Contribution Plan ☐ A Traditional IRA

PART E SURVIVING SPOUSE AUTHORIZATION

I elect to receive the retirement benefits as indicated in PART C. I understand I must submit a photocopy of my birth certificate, spouse's birth certificate, marriage certificate, and a certified copy of the member's Certificate of Death.

Surviving Spouse's Signature

Date

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

1.736073.100

Part A Member Information

Enter the deceased member's name, social security number, date of birth, gender, and marital status.

Part B Surviving Spouse Information

Enter your name, social security number, date of birth, gender, daytime telephone number, and mailing address.

Part C Application for Surviving Spouse Benefits

If the deceased member participated in the Defined Benefit Plan, you complete the left side of Part C. If the deceased member participated in the Defined Contribution Plan, you complete the right side of Part C.

Defined Benefit Plan:

If you are electing the lump sum or Five-Year payment option and are rolling over all or a portion of your beneficiary payment(s), you must also complete Part D. If you are not rolling over your beneficiary payment(s) or you have elected to receive a life-time payment, skip Part D.

Defined Contribution Plan:

Regardless of the option you select to receive your beneficiary payment, you must also complete a "Fidelity Investments Distribution Form".

Part D Application for Direct Rollover – DEFINED BENEFIT PLAN ONLY

This section is to be completed ONLY if the deceased member participated in the Defined Benefit Plan and you are rolling over all or a portion of your beneficiary payment(s).

If the deceased member participated in the Defined Contribution Plan, application for roll over is on the "Fidelity Investments Distribution Form".

Part E Surviving Spouse Authorization

You must provide a legible photocopy of your birth certificate, your spouse's birth certificate, marriage certificate, and a certified copy of the member's Certificate of Death.

YOU MUST SIGN AND DATE PART E TO VALIDATE THIS FORM.